

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039736

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 277Primary Registration District No. 4411Registrar's No. 56

FILED NOV 14 1962

1. PLACE OF DEATH

a. COUNTY

Pike

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Bowling Green

Length of stay in 1b

2 Months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR
INSTITUTION Pike - Wilson Rest Home

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Pike

c. CITY

OR
TOWN Louisiana

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS

(If outside, give location)
201 So Carolina

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Ray

Middle

- Kelso

Last

4. DATE OF DEATH

Month

Nov

Day

8

Year

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☒Widowed ☐ Divorced ☐

8. DATE OF BIRTH

6/10/1885

9. AGE (last birthday)

77

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Painter

10b. KIND OF BUSINESS OR INDUSTRY

Decorating

11. BIRTHPLACE (City and state or country)

Louisiana, Missouri, U.S.A.

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

John Kelso

13b. MOTHER'S MAIDEN NAME

Lucinda Fields

14. NAME OF HUSBAND OR WIFE

Never Married

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

William Sladek Jr. Louisiana, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Peripheral Circulatory Collapse

INTERVAL BETWEEN ONSET AND DEATH

30 min.

DUE TO (b)

Pulmonary Edema

8 hrs.

DUE TO (c)

Congestive Heart Failure

48 hrs.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/8/62

to 11/8/62

and last saw him live on 11/7/62

Death occurred at 4:30 A.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

214 W. Church, Bowling Green, Mo.

22c. DATE SIGNED

11/9/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

11/9/1962

23c. NAME OF CEMETERY OR CREMATORY

River View Cemetery

23d. LOCATION (City, town, or county)

Louisiana, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Sterne Funeral Home, Louisiana, Mo.

25. DATE RECD. BY LOCAL REG.

Nov 9, 1962

26. REGISTRAR'S SIGNATURE

Mairce E. Williams

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0821

2 0822

3

4 0

5 0

6

7 0

8 2

9

10 86-2

11

12 1-0

13

Permit issued Nov. 9, 1962

Mailee E. Williams

Local Registrar

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

J. B. Stenue

Licensed Embalmer No. 44039

P. O. Address Louisiana, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.